**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 27, 2023**
**Secretary of State**
**0425666824CC**

DOCUMENT# P18000022962

**Entity Name:** FCN ROBERTO ACOSTA MD, INC

**Current Principal Place of Business:**

12957 PALMS WEST DRIVE, STE 102
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

9960 NW 116TH WAY
SUITE 7
MEDLEY, FL 33178 US

**FEI Number: 82-4960250**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PERFORMANCE MEDICAL MANAGEMENT, LLC
9960 NW 116TH, STE 7
MEDLEY, FL 33178 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | ACOSTA, ROBERTO |
| Address | 12957 PALMS WEST DRIVE<br>STE 102 |
| City-State-Zip: | LOXAHATCHEE FL 33470 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: ACOSTA , ROBERTO DIRECTOR 04/27/2023

Electronic Signature of Signing Officer/Director Detail — Date